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|---|---------------------------|--|----------------------------------|------------------------|---|--|------------------|---------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 246472005000 | | | | | | |
| <p>In re Application of Arnold KELLER</p> <table border="1"> <tr> <td>Application Number 10/619,180</td> <td>Filed July 15, 2003</td> </tr> <tr> <td colspan="2">For INSERTION INSTRUMENT FOR CERVICAL PROSTHESES</td> </tr> <tr> <td>Art Unit 3731</td> <td>Examiner Sarah K. Webb</td> </tr> </table> | | | Application Number 10/619,180 | Filed July 15, 2003 | For INSERTION INSTRUMENT FOR CERVICAL PROSTHESES | | Art Unit 3731 | Examiner Sarah K. Webb |
| Application Number 10/619,180 | Filed July 15, 2003 | | | | | | | |
| For INSERTION INSTRUMENT FOR CERVICAL PROSTHESES | | | | | | | | |
| Art Unit 3731 | Examiner Sarah K. Webb | | | | | | | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

| | |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 430.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952.

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 28,055

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

December 2, 2004

Date



Signature

(703) 760-7743

Telephone Number

Barry E. Bretschneider

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

12/03/2004 EABUBAK1 00000113 031952 10619180

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